

AUTHORIZATION FOR U.S. SAVINGS BONDS -- SERIES "EE"

WSRC / BSRI / BNFL / BWXT / CH2SRC

CHECK ONE

PEOPLE-SOFT EMPLOYEE ID (#130215)

NAME - LAST, FIRST, MIDDLE

☐ EXEMPT ☐ NONEXEMPT ☐ SOP

AS INDICATED BELOW, I HEREBY AUTHORIZE DEDUCTIONS FROM MY EARNINGS TO PURCHASE AND HAVE DELIVERED TO THE REGISTERED OWNER, UNITED STATES SAVINGS BONDS, SERIES "EE". I UNDERSTAND THAT THESE BONDS WILL BE DELIVERED DIRECTLY BY THE UNITED STATES GOVERNMENT. IN THE EVENT OF TERMINATION OF MY EMPLOYMENT OR DEATH, THE COMPANY WILL PAY ME, OR MY LEGAL REPRESENTATIVE, ANY AMOUNT ACCUMULATED TO MY CREDIT WHICH HAS NOT BEEN SPENT TO BUY BONDS. I UNDERSTAND THAT NO INTEREST WILL BE PAID BY THE COMPANY ON ANY DEDUCTIONS ACCUMULATED IN MY ACCOUNT.

☐ DEDUCTION
AUTHORIZATION

THIS AUTHORIZATION SUPERSEDES ALL PREVIOUS AUTHORIZATIONS TO PURCHASE UNITED STATES SAVINGS BONDS SERIES "EE", AS REGISTERED BELOW, AND ANY AMOUNT REMAINING TO MY CREDIT AS A RESULT OF SUCH PREVIOUS AUTHORIZATIONS SHALL BE APPLIED ACCORDING TO THE INSTRUCTIONS BELOW.

CHECK ONE

☐ ORIGINAL
AUTHORIZATION OR ☐ REVISED
AUTHORIZATION

IF REVISED AUTHORIZATION, CHECK ITEM(S) CHANGED

☐ DEDUCTION
AMOUNT ☐ BOND
DENOMINATION ☐ REGISTRATION
NAME(S) ☐ REGISTRATION
ADDRESS ☐ NAME OF
EMPLOYEE

COMPLETE APPROPRIATE BLOCK

DEDUCTION AMOUNT - BASED ON PAY FREQUENCY

WEEKLY - \$100.00

MONTHLY - \$100.00

BOND DENOMINATION - CHECK ONE

☐ \$100 ☐ \$500 ☐ \$1000

(PURCHASE PRICE IS ONE-HALF
DENOMINATION AMOUNT)

FORMER NAME

NAME - LAST, FIRST, MIDDLE

BOND REGISTRATION - MUST BE COMPLETED

SOCIAL SECURITY NUMBER		NAME - REGISTERED OWNER OR CO-OWNER		ADDRESS - STREET AND NUMBER	
CITY		STATE		ZIP CODE	

☐ CANCELLATION OF
DEDUCTION AUTHORIZATION

I HEREBY REQUEST CANCELLATION OF ALL PREVIOUS AUTHORIZATIONS FOR DEDUCTIONS FROM MY EARNINGS FOR THE PURCHASE OF UNITED STATES SAVINGS BONDS SERIES "EE", AS REGISTERED BELOW.

☐ I ALSO REQUEST A REFUND OF ANY AMOUNT REMAINING IN MY ACCOUNT.

BOND REGISTRATION - MUST BE COMPLETED

SOCIAL SECURITY NUMBER		NAME - REGISTERED OWNER OR CO-OWNER	
CITY		STATE	

MAKE CHECK PAYABLE AND MAIL TO

NAME - FIRST, MIDDLE, LAST		CITY		STATE		ZIP CODE	
ADDRESS - STREET AND NUMBER		CITY		STATE		ZIP CODE	

DATE SIGNED

DATE ENTERED

SIGNATURE OF EMPLOYEE

PEOPLE SUPPORT SERVICE CENTER APPROVAL

Mail To:
People Support Service Center, Bldg. 703-47A

